
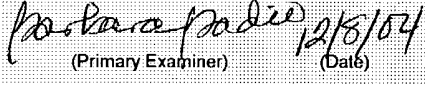
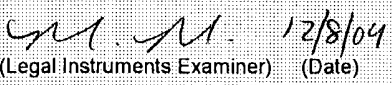


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|--|-------------------------|-----------------|--|
| <b>Issue Classification</b><br> | Application No.         | Applicant(s)    |  |
|  | 09/648,304              | SILVEIRA ET AL. |  |
|  | Examiner                | Art Unit        |  |
|  | Barbara P. Badio, Ph.D. | 1616            |  |

| ISSUE CLASSIFICATION   |   |          |   |      |   |                                   |     |                          |                 |
|--|---|----------|---|------|---|-----------------------------------|-----|--------------------------|-----------------|
| ORIGINAL   |   |          |   |      | CROSS REFERENCE(S)  |                                   |     |                          |                 |
| CLASS  |   | SUBCLASS |   |      | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |                          |                 |
| 424  |   | 489      |   |      | 424   | 499                               | 502 |                          |                 |
| INTERNATIONAL CLASSIFICATION   |   |          |   |      |   |                                   |     |                          |                 |
| A  | 6 | 1        | K | 9/14 |   |                                   |     |                          |                 |
| A  | 6 | 1        | K | 9/50 |   |                                   |     |                          |                 |
|  |   |          |   | /    |   |                                   |     |                          |                 |
|  |   |          |   | /    |   |                                   |     |                          |                 |
|  |   |          |   | /    |   |                                   |     |                          |                 |
| -----<br>(Assistant Examiner) (Date)   |   |          |   |      | <b>BARBARA P. BADIO, PH.D.</b><br><b>PRIMARY EXAMINER</b><br><br>(Primary Examiner) (Date) |                                   |     | Total Claims Allowed: 25 |                 |
| <br>(Legal Instruments Examiner) (Date) |   |          |   |      |   |                                   |     | O.G. Print Claim(s)      | O.G. Print Fig. |
|  |   |          |   |      |   |                                   |     | 1                        | 0               |

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|---|----------|-------|----------|-------|------------------------------|-------|-------------------------------|-------|---------------------------------|-------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |       |          |       | <input type="checkbox"/> CPA |       | <input type="checkbox"/> T.D. |       | <input type="checkbox"/> R.1.47 |       |          |
| Final   | Original | Final | Original | Final | Original                     | Final | Original                      | Final | Original                        | Final | Original |
|   | 1        |       | 31       |       | 61                           |       | 91                            |       | 121                             |       | 151      |
|   | 2        |       | 32       |       | 62                           |       | 92                            |       | 122                             |       | 152      |
|   | 3        |       | 33       |       | 63                           |       | 93                            |       | 123                             |       | 153      |
|   | 4        |       | 34       |       | 64                           |       | 94                            |       | 124                             |       | 154      |
|   | 5        |       | 35       |       | 65                           |       | 95                            |       | 125                             |       | 155      |
|   | 6        |       | 36       |       | 66                           |       | 96                            |       | 126                             |       | 156      |
|   | 7        |       | 37       |       | 67                           |       | 97                            |       | 127                             |       | 157      |
|   | 8        |       | 38       |       | 68                           |       | 98                            |       | 128                             |       | 158      |
|   | 9        |       | 39       |       | 69                           |       | 99                            |       | 129                             |       | 159      |
|   | 10       |       | 40       |       | 70                           |       | 100                           |       | 130                             |       | 160      |
|   | 11       |       | 41       |       | 71                           |       | 101                           |       | 131                             |       | 161      |
|   | 12       |       | 42       |       | 72                           |       | 102                           |       | 132                             |       | 162      |
|   | 13       |       | 43       |       | 73                           |       | 103                           |       | 133                             |       | 163      |
|   | 14       |       | 44       |       | 74                           |       | 104                           |       | 134                             |       | 164      |
|   | 15       |       | 45       |       | 75                           |       | 105                           |       | 135                             |       | 165      |
|   | 16       |       | 46       |       | 76                           |       | 106                           |       | 136                             |       | 166      |
|   | 17       |       | 47       |       | 77                           |       | 107                           |       | 137                             |       | 167      |
|   | 18       |       | 48       |       | 78                           |       | 108                           |       | 138                             |       | 168      |
|   | 19       |       | 49       |       | 79                           |       | 109                           |       | 139                             |       | 169      |
|   | 20       |       | 50       |       | 80                           |       | 110                           |       | 140                             |       | 170      |
|   | 21       |       | 51       |       | 81                           |       | 111                           |       | 141                             |       | 171      |
|   | 22       |       | 52       |       | 82                           |       | 112                           |       | 142                             |       | 172      |
|   | 23       |       | 53       |       | 83                           |       | 113                           |       | 143                             |       | 173      |
|   | 24       |       | 54       |       | 84                           |       | 114                           |       | 144                             |       | 174      |
|   | 25       |       | 55       |       | 85                           |       | 115                           |       | 145                             |       | 175      |
|   | 26       |       | 56       |       | 86                           |       | 116                           |       | 146                             |       | 176      |
|   | 27       |       | 57       |       | 87                           |       | 117                           |       | 147                             |       | 177      |
|   | 28       |       | 58       |       | 88                           |       | 118                           |       | 148                             |       | 178      |
|   | 29       |       | 59       |       | 89                           |       | 119                           |       | 149                             |       | 179      |
|   | 30       |       | 60       |       | 90                           |       | 120                           |       | 150                             |       | 180      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 181      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 182      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 183      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 184      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 185      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 186      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 187      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 188      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 189      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 190      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 191      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 192      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 193      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 194      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 195      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 196      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 197      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 198      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 199      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 200      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 201      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 202      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 203      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 204      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 205      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 206      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 207      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 208      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 209      |
|   |          |       |          |       |                              |       |                               |       |                                 |       | 210      |